



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services

255 Rockville Pike, 2<sup>nd</sup> Floor

Rockville, Maryland 20850

240-777-3986 Fax 240-777-3088

Website: [www.montgomerycountymd.gov/mc/services/hhs/license](http://www.montgomerycountymd.gov/mc/services/hhs/license)

### FOOD SERVICE MANAGER'S CERTIFICATION APPLICATION

TODAY'S DATE \_\_\_\_\_

New ☐ Renewal ☐ Replacement of Lost Card ☐

(Please Print)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street Number and Street Name*

\_\_\_\_\_  
*City State Zip Code*

Last 4 numbers of your Social Security Number: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
*Include area code Include area code*

Fax Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Certificate Issued By: \_\_\_\_\_

Date Certification Class Passed: \_\_\_\_\_

**Certificate from other County or State Health Department:**

Issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I certify that the above information is accurate to the best of my knowledge and realize that falsification may result in revocation of my Food Service Manager's Certification.

Applicant's Signature: \_\_\_\_\_

Fee Information: *Please refer to Food Manager Fact Sheet*

**Payment Method**

☐ Cash ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard

Credit Card No: \_\_\_\_\_ Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

To receive your photo id certification card, submit completed application and application fee to Licensure and Regulatory Services, 255 Rockville Pike, 2<sup>nd</sup> Floor, Rockville, MD 20850. Payment can be made by check or money order, payable to **"Montgomery County, Maryland"** or on a Visa or Mastercard credit card or checking card. ***We are unable to accept cash payments.***

**OFFICE USE ONLY**

Receipt Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check/Money Order Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Expires: \_\_\_\_\_

ID Number: \_\_\_\_\_